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Bib Data Sheet

CONFIRMATION NO. 7775

SERIAL NUMBER 10/691,735	FILING DATE 10/22/2003 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 4004.11-1
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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 01/23/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 11	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials		

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TITLE

Gastrointestinal stimulation device

FILING FEE RECEIVED 511	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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